

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445362	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/07/2011
NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF FENTRESS COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 208 DUNCAN ST N JAMESTOWN, TN 38556		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the corridor door openings as required.</p> <p>The findings include:</p> <p>On 2/7/11, at 10:45 a.m., observation within resident room 204 revealed, the corridor door latch was broken and could not latch within the frame. National Fire Protection Association (NFPA) 101, 19.3.6.3.1</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance</p>	K 018	<p><b>K 018 Life Safety Code Standard</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>1. Found that latch on room 204 would periodically stick and not release. Lock mechanism replaced.</p> <p><b>How will you identify other residents potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>2. A 100% audit of 71 doors completed. No other doors were found to have a faulty latch mechanism.</p> <p><b>What measures will be put in place or what systematic changes you will make to insure that the deficient practice does not recur.</b></p> <p>3. As part of daily maintenance safety checks, each door latch mechanism will be tested.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i.e. what quality assurance program will be put into place.</b></p> <p>4. Data from the daily maintenance safety checks will be reported to the QI/QA committee. Action plans will be developed for any issues that arise.</p>	2/10/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 Director during the exit interview of the survey on 02/7/11.	K 018			
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the Heating Ventilation and Air-conditioning system as required.  The findings include:  On 2/7/11, at 11:30 a.m., observation within resident rooms 600 through 613 revealed the exhaust fan units were not working. National Fire Protection Association (NFPA) 101, 19.5.2.1  This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview of the survey on 02/7/11.	K 067	K 067 Life Safety Code Standard  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1. Upon investigation, central exhaust fan for rooms 600 through 613 had broken a drive belt. Belt replaced on 2/7/11.  How will you identify other residents potential to be affected by the same deficient practice and what corrective action will be taken. 2. All exhaust units were inspected for worn belt and replaced if excessively worn.  What measures will be put in place or what systematic changes you will make to insure that the deficient practice does not recur. 3. As part of daily maintenance safety checks, exhaust air flow will be checked. Exhaust units are monitored weekly for worn parts or belts.  How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i.e. what quality assurance program will be put into place. 4. The maintenance director or designee will report monthly to the QA/QI committee on exhaust fan checks. Action plans will be developed for any issues that arise.	2/10/11	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation during the survey, it was	K 147			

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K 147	<p>Continued From page 2</p> <p>determined the facility failed to maintain the electrical system as required.</p> <p>The findings include:</p> <p>On 1/7/11, at 1:20 p.m., observation within the 200 hall ceiling area next to the fire doors revealed there was an open junction box without any cover plate. National Fire Protection Association (NFPA). 70, 410- 56(d)</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview of the survey on 1/7/11.</p>	K 147	<p><b>K 147 Life Safety Code Standard</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>1. Cover plate installed on open junction box.</p> <p><b>How will you identify other residents potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>2. Other ceiling areas were inspected and no other open junction boxes were found.</p> <p><b>What measures will be put in place or what systematic changes you will make to insure that the deficient practice does not recur.</b></p> <p>3. Any maintenance to call system or electrical will be monitored by visual checks to ensure covers are replaced on junction boxes.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur: i.e. what quality assurance program will be put into place.</b></p> <p>4. Monthly building safety reports will be presented at monthly QI meeting that includes maintenance to call systems or electrical systems. Verification of junction box covers will be included. Action plans will be developed for any issues that arise.</p>		2/10/11